



IFN/J
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patentee: **Shen et al.**
Assignee: **Atwood Mobile Products, Inc.**
Reissue Application No.: **10/621,999** Date Filed: **July 17, 2003**
U.S. Patent No.: **5,573,648** Date Issued: **November 12, 1996**
Application No.: **381,718** Date Filed: **January 31, 1995**
Title: **GAS SENSOR BASED ON PROTONIC CONDUCTIVE MEMBRANES**

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF EXPRESS MAIL

"Express Mail" Label No. **EV 497732072 US**

Date of Deposit: **July 21, 2006**

I hereby state that the following:

1. Copy of Notice to File Missing Parts of Reissue Application (2 pp.);
2. Reissue Application Declaration by Marchiando with Attachment A, Reissue Application by the Assignee (13 pp.);
3. Petition for Two-Month Extension of Time under 37 CFR 1.136(a) (\$450.00) (1 pg.);
4. Fee Transmittal for FY 2006 for payment of the surcharge of \$130.00 (late filing of the basic filing fee and declaration) (1 pg.);
5. Request for Corrected Filing Receipt (1 pg.);
6. Filing Receipt with Pending Corrections (3 pp.);
7. Certificate of Express Mail (1 pg.); and
8. Return receipt postcard.

Certificate Of Express Mail
U.S.S.N. 10/621,999

Page 1 of 2



07-24-2006

U.S. Patent & TMOfc/TM Mail Rcpt Dt. #34

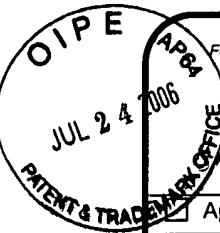
are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10, on the date indicated above and is addressed to the Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen E. Crespo

Karen E. Crespo

Signature of person mailing paper or fee
BANNER & WITCOFF, LTD
28 State Street, 28th Floor
Boston, MA 02109
Telephone: (617) 720-9600
Facsimile: (617) 720-9601

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$580.00)

Complete if Known

Application Number	10/621,999
Filing Date	07/17/03
First Named Inventor	Shen et al.
Confirmation No.	2626
Art Unit	TBD
Attorney Docket No.	011361.00064

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) | <input type="checkbox"/> Credit any overpayments |

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 30 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
-20 or HP=	_____	x _____	= _____	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	360	180
- 3 or HP=	_____	x _____	= _____	<u>Multiple Dependent Claims</u>	
HP = highest number of independent claims paid for, if greater than 3.				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Response to Notice to File Missing Parts of Reissue Application (\$130.00);
and Petition for Extension of Time (2 months) (\$450.00)

\$580.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	29,411	Telephone	617-720-9600
Name (Print/Type)	Peter D. McDermott			Date	07/21/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.